

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency  <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (See instructions on page 9)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number</b> (page 10)	EPA ID Number M.D.K.D.00.006.254		
<b>3. Site Name</b> (page 10)	Name: FCI CUMBERLAND		
<b>4. Site Location Information</b> (page 10)	Street Address: 14601 BURBUBRIDGE		
	City, Town, or Village: CUMBERLAND	State: MARYLAND	
	County Name: Allegany	Zip Code: 21502	
<b>5. Site Land Type</b> (page 10)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 10)	A. 92214	B.	
	C.	D.	
<b>7. Site Mailing Address</b> (page 11)	Street or P. O. Box: 14601 BURBUBRIDGE RD		
	City, Town, or Village: CUMBERLAND		
	State: MARYLAND		
	Country: UNITED STATES	Zip Code: 21502	
<b>8. Site Contact Person</b> (page 11)	First Name: TONI	MI: D.	Last Name: BRADFORD
	Phone Number: 301-784-1000 #2065 extension:		E-mail address: TBRADFORD@BUP.BOV
<b>9. Operator and Legal Owner of the Site</b> (pages 11 and 12)	A. Name of Site's Operator: BUREAU OF PRISONS		Date Became Operator (mm/dd/yyyy): 12/7/1995
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy): 12/7/1995
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

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<b>9. Legal Owner (Continued) Address</b>	<b>Street or P. O. Box:</b>  <b>City, Town, or Village</b> <b>State:</b> <b>Country:</b>
	<u>FCI Cumberland</u> <u>14601 Burbridge Rd.</u> <u>Cumberland, Maryland 21502</u> <u>ATTN: Safety</u>

<b>10. Type of Regulated Waste Activity</b> Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)															
<b>A. Hazardous Waste Activities Complete all parts for 1 through 6.</b>															
<p><input checked="" type="checkbox"/> <b>1. Generator of Hazardous Waste</b> If "yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <b>d. United States Importer of Hazardous Waste</b></p> <p><input checked="" type="checkbox"/> <b>e. Mixed Waste (hazardous and radioactive) Generator</b></p>	<p><input type="checkbox"/> <b>2. Transporter of Hazardous Waste</b></p> <p><input checked="" type="checkbox"/> <b>3. Treater, Storer, or Disposer of Hazardous Waste (at your site)</b> Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <b>4. Recycler of Hazardous Waste (at your site)</b></p> <p><input checked="" type="checkbox"/> <b>5. Exempt Boiler and/or Industrial Furnace</b> If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <b>6. Underground Injection Control</b></p>														
<b>B. Universal Waste Activities</b>															
<p><input type="checkbox"/> <b>1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:</b></p> <p style="text-align: center;"><u>Managed</u></p> <table style="width: 100%;"><tr><td>a. Batteries</td><td><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td><input type="checkbox"/></td></tr><tr><td>c. Thermostats</td><td><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td><input type="checkbox"/></td></tr></table> <p><input checked="" type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> Note: A hazardous waste permit may be required for this activity.</p>		a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>
a. Batteries	<input type="checkbox"/>														
b. Pesticides	<input type="checkbox"/>														
c. Thermostats	<input type="checkbox"/>														
d. Lamps	<input type="checkbox"/>														
e. Other (specify) _____	<input type="checkbox"/>														
f. Other (specify) _____	<input type="checkbox"/>														
g. Other (specify) _____	<input type="checkbox"/>														
<b>C. Used Oil Activities</b> Mark all boxes that apply.															
<p><input type="checkbox"/> <b>1. Used Oil Transporter</b> If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><input checked="" type="checkbox"/> <b>2. Used Oil Processor and/or Re-refiner</b> If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> <b>3. Off-Specification Used Oil Burner</b></p> <p><input checked="" type="checkbox"/> <b>4. Used Oil Fuel Marketer</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>															

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### 11. Description of Hazardous Wastes (See instructions on page 17.)

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D018					


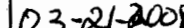
**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


## 12. Comments (See instructions on page 17.)

[illegible]

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
		
TONI BRADFORD,	Toni Ortega-Bradford	
SAFETY MGR.	Safety Manager	
	FCI Cumberland, MD	

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: FCI Cumberland  
14601 Burbridge Rd.  
Cumberland, Maryland 21502  
ATTN: Safety

**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION  
AND MANAGEMENT**
EPA ID NO: MDR000006254
**FORM  
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

**Sec. 1** A. Waste descriptionB. EPA hazardous waste code D001 D018

C. State hazardous waste code

D. Source code

LG06

E. Form code

LW209

F. Quantity generated in 2007

898.1

G. UOM

☐

Management Method code for Source code G25

LH

Density

☐ lbs/gal ☐ sg
**Sec. 2**

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)**ON-SITE PROCESS SYSTEM 1**On-site Management  
Method codeLHQuantity treated, disposed, or  
recycled on site in 2007898.1**ON-SITE PROCESS SYSTEM 2**On-site Management  
Method codeLHQuantity treated, disposed, or  
recycled on site in 2007898.1**Sec. 3**

A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which  
waste was shipped146053348108C. Off-site Management Method  
code Shipped toLH061

D. Total quantity shipped in 2007

898.1

Site 2

B. EPA ID No. of facility to which  
waste was shipped146053348108C. Off-site Management Method  
code Shipped toLH

D. Total quantity shipped in 2007

898.1

Site 3

B. EPA ID No. of facility to which  
waste was shipped146053348108C. Off-site Management Method  
code Shipped toLH

D. Total quantity shipped in 2007

898.1

Comments:

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**WASTE RECEIVED  
FROM OFF SITE**

ATTN: Safety  
EPA ID NO: MDR000006254

**FORM  
WR**

Waste 1	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
	RQ Waste Paint Related Material		0001 0018			
D. Off-site handler EPA ID number			E. Quantity received in 2007		F. UOM Density	
KYD 053348108			098.1		1 lbs/gal 2 sg	
G. Form code		H. Management Method code				
LW 209		LH 061				
Waste 2	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
D. Off-site handler EPA ID number			E. Quantity received in 2007		F. UOM Density	
Mark if same as in Waste 1					1 lbs/gal 2 sg	
G. Form code		H. Management Method code				
LW		LH				
Waste 3	A. Description of hazardous waste		B. EPA hazardous waste code		C. State hazardous waste code	
D. Off-site handler EPA ID number			E. Quantity received in 2007		F. UOM Density	
Mark if same as in Waste 2					1 lbs/gal 2 sg	
G. Form code		H. Management Method code				
LW		LH				
Comments:						

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Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification☐ B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

MDR000006254

## II. Name of Installation (Include company and specific site name)

FCI Cumberland

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

14601 Burbidge Rd. S.E.

Street (Continued)

City or Town

Cumberland

State

Md

Zip Code

21502-

County Code

001

County Name

Anne Arundel

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same as above

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

WILSON

(First)

ERIC

Job Title

UNICOR Foreman

Phone Number (Area Code and Number)

301-784-1000

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing Other☒ ☒ ☐

B. Street or P.O. Box

Same as above

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

U.S. Dept. of Justice Bureau of Prisons

Street, P.O. Box, or Route Number

Same as above

City or Town

State

Zip Code

Phone Number (Area Code and Number)

301-784-1000

B. Land Type

F

C. Owner Type

F

D. Change of Owner  
Indicator

Yes

No

(Date Changed)  
Month Day Year

OCT 23 1995

RECEIVED  
GENERAL STATE SECTION

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input checked="" type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes  Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify <div></div>	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
00001					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Stanley J. Navalaney  
Safety Manager

Date Signed

9/24/95

## XI. Comments

OW 10/25/95  
HST 10-23-95

OCT 5 1995

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MDR000006254

10/24/95

INSTALLATION ADDRESS

FCI CUMBERLAND  
14601 BURBRIDGE RD SE  
CUMBERLAND, MD 21502  
ERIC WILSON UNICOR FRMN

14601 BURBRIDGE RD SE  
CUMBERLAND, MD 21502